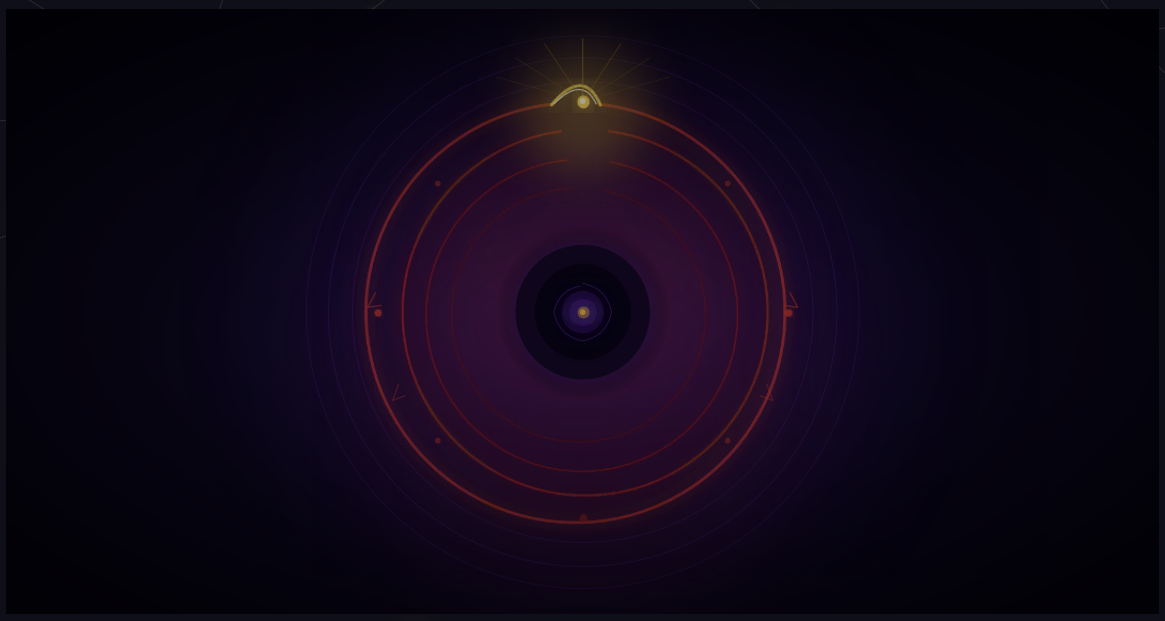

# The Cycle of Harm

TECHNOLOGIES OF THE HEART

Ground

Article 3 of 15

# The Cycle of Harm

The Heart of Peace Foundation

62 min read

> *Harm is not produced by evil people — it is produced by people in pain who have run out of other options. Understanding the mechanism is the first step to interrupting it.*

GROUND

Somewhere right now, a person is doing something harmful.

They know, at some level, that it is harmful. They can feel the discomfort of that knowledge — a faint friction between what they are doing and what they sense they could be. And if you could pull them aside and ask — not accusatorially, but genuinely — *why?* — they would likely give you an answer that would surprise you. Not "because I am evil." Not "because I chose this." Something more complicated and more human: *because I hurt.* Because I was afraid. Because I didn't know what else to do with what was happening inside me.

Somewhere else right now, a person is absorbing harm that was not theirs to receive. Their body is holding it. Their nervous system is cataloguing it. And in the aftermath — days, months, sometimes decades from now — the shape of what was done to them will begin to show up in what they do. Not because they chose it either. Because pain, left without a witness, without language, without a pathway through — has only one direction left to travel: outward.

This is the cycle of harm. Not evil. Not weakness. A mechanism — learnable, interruptible, and ultimately, with the right inner technology, stoppable.

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## Key Takeaways

- *Harmful behavior is almost always a trauma response, not a moral defect — the mechanism is learnable, and understanding it is what makes interruption possible.*
- *Good and evil are not opposites but positions on a single compassion continuum; labeling them as opposites hides the shared root and forecloses every exit.*
- *The Maslow Hourglass of Distortion shows how unmet needs drive victims inward toward collapse and harm-doers outward toward explosion — different directions from the same wound.*
- *Accountability and compassion are not in tension; compassion is the force that makes genuine accountability possible by removing the shame that triggers defensiveness and doubling-down.*
- *The cycle of harm is a systems problem shaped by war, poverty, isolation, and inequality long before any individual makes a choice — personal responsibility operates within that*

*larger field.*

- *The exit from the cycle runs through one interior question, identical for the harmed and the harming: what am I actually needing right now?*

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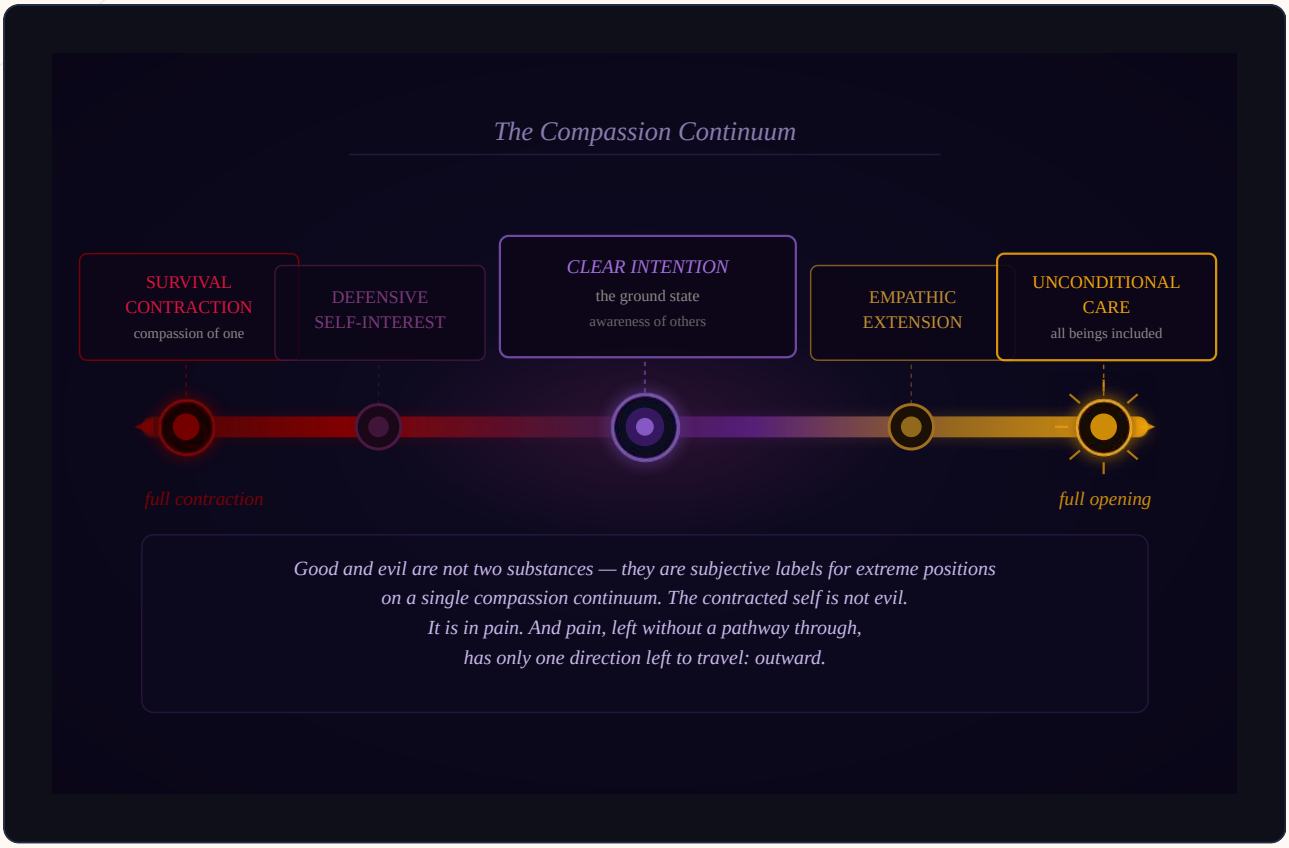


*When compassion contracts past its center point, care narrows to the radius of one body. When it extends, it widens until others' wellbeing registers as inseparable from your own. There is no separate substance called evil — only this axis, operating in every moment.*

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## The Story We Were Told About Harm

Most of us grew up with a binary. There are people who cause harm, and there are people who receive it. The first group is the problem. The second group is innocent. Justice means separating them as permanently as possible, and healing means helping the second group recover from what the first group did.

This story has enormous emotional logic. It names real pain. It validates real experience. It protects people who desperately need protection.

And it contains a category error that keeps the cycle running.

The category error is this: it treats harm as evidence of character, rather than as evidence of a system under stress.

When we locate the origin of harm in the character of the person who caused it — in their deficiency, their darkness, their essential wrongness — we miss the mechanism. And missing the mechanism means we cannot interrupt it. We can punish it, contain it, condemn it, exile it. But the conditions that produce it remain unchanged. And those conditions will produce it again.

If this feels uncomfortable, good. It should. The binary is comforting precisely because it is simple: here are the bad people, there are the good people, the wall between them is moral character. But comfort and accuracy are not the same thing. And the research has been accumulating for decades now — from the epidemiology of adverse childhood experiences to the neuroscience of traumatic memory to the sociology of structural violence — and it points consistently in one direction: **harm is not produced by evil people. It is produced by people in pain who have run out of other options.**

The pain is real. The options are real. And the absence of alternatives is usually not accidental.

This article does not offer a soft account of harm. It does not suggest that understanding excuses action, or that compassion means permissiveness, or that victims are required to forgive. It offers something more structurally useful: an explanation of how harm propagates, backed by the best available science — and from that explanation, the only pathway to interruption that actually works.

There is a condition that runs underneath every form of harm this article will examine. It does not have a clinical name, though it probably should. Call it **pain-with-no-exit**: the state in which suffering has accumulated past the person's capacity to process it, and no alternative pathway — no therapy, no community, no practice, no relationship — is available or visible. It is the zero-alternatives condition. When a person is in pain and can see a way through, they usually take it. When a person is in pain and cannot see a way through, the pain expresses itself through whatever channel is available — which often means through harm. Not because harm is chosen. Because harm is what remains when everything else has been exhausted or was never offered in the first place.

This is not a justification. It is a diagnosis. And like any diagnosis, it points toward treatment. If harm is produced by pain-with-no-exit, then the prevention of harm requires the creation of exits. More therapists. More community. More economic security. More genuine belonging. More practices for metabolizing pain before it becomes action. The article on the art and science of generosity describes what the first outward movement looks like — the first evidence that the system has found an exit and is beginning to flow again.

If you have read The Golden Rule as a Fractal Law — the article that precedes this one in the series — you already know the principle the cycle violates. The golden rule is the fundamental operating instruction: extend to others the care you would want extended to you. When that instruction is running cleanly, human systems flourish. This article asks what happens when it breaks. Not as a moral failure, but as a mechanical one — like a river diverted, a circuit overloaded, a body under stress that can no longer perform the functions it was designed for.

The river has not stopped being a river. The circuit has not stopped being a circuit. Something is obstructing the flow. And if you want the system to work again, you have to find the obstruction — not condemn the water for failing to flow.

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## The Child Who Flinches Before the Hand Moves

Before we enter the research, a small scene.

A child sits in a classroom. She is seven. The teacher reaches toward the bookshelf behind her, and the child flinches — hard, instinctive, full-body. The arm comes up. The shoulders curl in. The eyes squeeze shut. The movement takes less than a quarter of a second, and it tells the entire story of her home life without a single word.

The teacher's hand was not coming toward her. The teacher was reaching for a dictionary. But the child's body does not know that. Her body knows one thing: a hand moving fast near her head means pain. It learned this in a kitchen, or a hallway, or a bedroom where the light was off and she could only track movement by sound. The learning happened before language. It lives below narrative. It is written into her nervous system in a dialect that words do not speak.

This is what Bessel van der Kolk means when he says the body keeps the score. The child's flinch is not a memory. It is not a decision. It is not a behavior she chose. It is a pre-cognitive survival response — a pattern laid down in the autonomic nervous system during a period when the neural

architecture was still forming, when the body was learning its foundational assumptions about what the world is.

And here is what matters for this article: that flinch will grow up.

It will stop looking like a flinch. It will start looking like anxiety, or rage, or numbness, or perfectionism, or the inability to trust anyone who gets close. It will look like a person who pushes people away and then feels abandoned. A person who confuses control with safety. A person who, in the worst cases and under the worst conditions, does to someone smaller exactly what was done to them — not because they want to, but because the body fires the pattern it learned, and the pattern says: *in this situation, this is what happens.*

The cycle of harm begins here. Not in evil. In a flinch.

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## The Long Study of Violence's Transmission

### Lenore Walker and the First Map

In 1979, clinical psychologist Lenore Walker published *The Battered Woman* — the first systematic account of what she called the cycle of violence in domestic abuse. Walker described a predictable pattern: tension building, incident, reconciliation, calm — and then the cycle beginning again. Her work, based on interviews with more than 1,500 survivors, was groundbreaking not because it discovered that abuse happens in patterns, but because it demonstrated that the pattern itself is part of the mechanism. The cycle is not incidental to the harm. The cycle *is* the harm's operational structure.

Walker's framework had limitations — it was initially applied primarily to heterosexual relationships, and later researchers questioned whether the pattern was universal or culturally specific. But its lasting contribution was to shift the question from *who* causes harm to *how* harm sustains itself. The question of "who" points you toward character. The question of "how" points you toward structure. And structure can be changed.

## A Doctor in San Diego Stumbles Into the Abyss

In the mid-1980s, a physician named Vincent Felitti was running a weight-loss clinic at Kaiser Permanente in San Diego. The clinic was extraordinarily successful — patients were losing weight rapidly through a medically supervised fasting program. And then something confusing started happening: the most successful patients were dropping out.

Not the people who weren't losing weight. The people who *were*. One patient — a woman who had lost over 100 pounds in a single year — suddenly regained most of it in a matter of weeks and then stopped coming to the clinic entirely. Felitti was bewildered. He tracked her down and asked, directly, what had happened.

Her answer changed the trajectory of medicine.

She had been sexually abused as a child. The weight, she told him, was not the problem. The weight was the *solution*. It was armor. It was invisibility. It was protection from a world in which her body had been treated as something that belonged to other people. When the weight came off, the protection came off with it — and the terror that lived underneath became unbearable. She had not failed the program. The program had succeeded at removing the only defense she had.

Felitti was trained as an internist. He knew about metabolic rates and caloric deficits. Nothing in his training had prepared him for the possibility that a patient's body might be protecting them from something that no diet could address. He sat with her answer for a long time.

Then he began asking other patients the same question. Not "why are you overweight?" but "what happened to you?"

The answers were remarkably consistent. Patient after patient described histories of childhood abuse, neglect, and household dysfunction — and health behaviors that, viewed from the outside, looked like pathology but, viewed from the inside, looked like the only available coping strategy. The woman who ate compulsively had been starved of safety. The man who could not stop drinking had been drowning in unwitnessed grief since he was nine. The behaviors were not the disease. They were the body's attempt to treat a disease that the medical system had not learned to see.

This led Felitti to partner with epidemiologist Robert Anda on what became the Adverse Childhood Experiences (ACE) study — one of the largest investigations of the relationship between childhood adversity and adult health outcomes ever conducted. They surveyed more than 17,000 mostly middle-class adults about ten categories of childhood adversity: physical abuse,

sexual abuse, emotional abuse, physical neglect, emotional neglect, and five forms of household dysfunction including domestic violence, substance abuse, mental illness, parental separation, and incarceration of a household member.

Then they correlated those histories with adult health outcomes.

The findings were categorical. **The more adverse childhood experiences a person had, the worse their health outcomes across virtually every measured category** — heart disease, cancer, chronic lung disease, liver disease, depression, suicide attempts, substance use, sexually transmitted infections, incarceration, chronic unemployment.

A person with four or more ACEs was 460 percent more likely to experience depression. Seven times more likely to be an alcoholic. Twelve times more likely to attempt suicide. And — this is the finding that matters most for this article — **dramatically more likely to appear in populations that cause harm.** Studies of incarcerated populations consistently find ACE scores that dwarf the general population average. A 2014 meta-analysis of 70 studies found that among incarcerated individuals, rates of childhood physical abuse were three to five times higher than among the general public; childhood sexual abuse, two to four times higher. Research by Elly Hanson and colleagues at the UK's Childhood Trauma Research Group found that 90 percent of individuals convicted of violent offenses had experienced at least one form of childhood trauma.

This is not a finding about excuses. It is a finding about origins. It tells us that the people most likely to produce harm in adulthood are the same people who most reliably absorbed harm in childhood. The cycle is not a metaphor. It is a measurable epidemiological phenomenon — and Felitti stumbled into it through the radical act of asking a patient *why*.

## The Body's Archive

Two additional bodies of research complete the picture.

Bessel van der Kolk's decades of clinical work on traumatic memory — consolidated in *The Body Keeps the Score* (2014) — established that trauma is not stored as narrative. It is stored somatically: in the body's tension patterns, autonomic nervous system responses, reflexive action tendencies. When the nervous system is overwhelmed by threat, it does not primarily lay down memory through the hippocampus. It lays down *response patterns* — automatic, pre-cognitive behavioral programs that activate when the nervous system perceives a similarity to the original threat.

This is why the child flinches before the hand moves. The response fires before consciousness engages. The person may not even know why they are acting the way they are acting. The body is expressing what the mind could not integrate.

Stephen Porges's Polyvagal Theory (1994, extended 2011) provides the physiological substrate: the autonomic nervous system operates in three hierarchical states — social engagement (safe, connected, available for cooperation), sympathetic activation (fight or flight, threat response), and dorsal vagal collapse (freeze, shutdown, dissociation). In chronic threat environments, the nervous system becomes trained to operate predominantly in the lower two states. The result is a person physiologically primed for either aggression or collapse — and physiologically unable to access the social engagement state that would allow for connection, empathy, and alternative behavior choices.

Taken together, these research streams tell a coherent story: **the nervous systems of people who cause harm have often been shaped by harm.** They are not operating from character. They are operating from biology — from a body that has learned, through repeated exposure, that the world is a place where threat is the primary reality. And the body does not easily unlearn this, because the learning happened before the thinking mind was fully formed.

For a deeper map of the compassion axis that the cycle distorts, see The Spectrum of Compassion. For the framework that organizes the cycle's transmission across all human needs, see the Maslow Hourglass.

> *What goes around comes around.*

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# One Axis, Not Two Poles

## The Temperature Analogy

Hot and cold are not two substances. They are positions on a single scale — the scale of thermal energy. At the extreme of heat, matter expands, becomes volatile, radiates outward. At the extreme of cold, matter contracts, becomes brittle, turns inward. Ice and fire are opposites in experience, but they are expressions of the same dimension, and that dimension has a direction: it runs from zero to maximum.

Good and evil function the same way.

They are not two separate forces, two substances, two essences competing for territory in the human soul. They are subjective labels for extreme expressions of a single underlying dimension — the dimension of compassion: the degree to which your care for your own wellbeing includes, or excludes, the wellbeing of others.

At full extension — what the Buddhist traditions call *metta* (loving-kindness) and *karuna* (compassion), what the Christian tradition calls *caritas* — your care flows outward without losing its ground. Your own pain does not cancel your awareness of others. Your fear does not collapse your moral universe to the radius of your own skin. You remain present to the full circle of consequence.

At full contraction — what the same traditions describe variously as *samsara*, as *amor sui* disordered, as spiritual sleep — your care has narrowed to a single point: yourself. Not through cruelty. Through pain. The world beyond your immediate experience has stopped registering. Every action you take will serve the contracted self, regardless of what it costs the people around you.

This is not evil in the theological sense. It is **compassion of one.**

The 108 Framework describes this as the movement from zero (contraction, opacity) through one (self-awareness, the individual) toward infinity (full transparency, the recognition of interdependence). The cycle of harm lives in the zero — the frozen point where the self can no longer see beyond its own boundary. Healing is the movement back toward one, and eventually toward the wider field. The Fractal Life Table maps this same axis as the selflessness dimension — the degree to which awareness extends beyond the perimeter of personal survival.

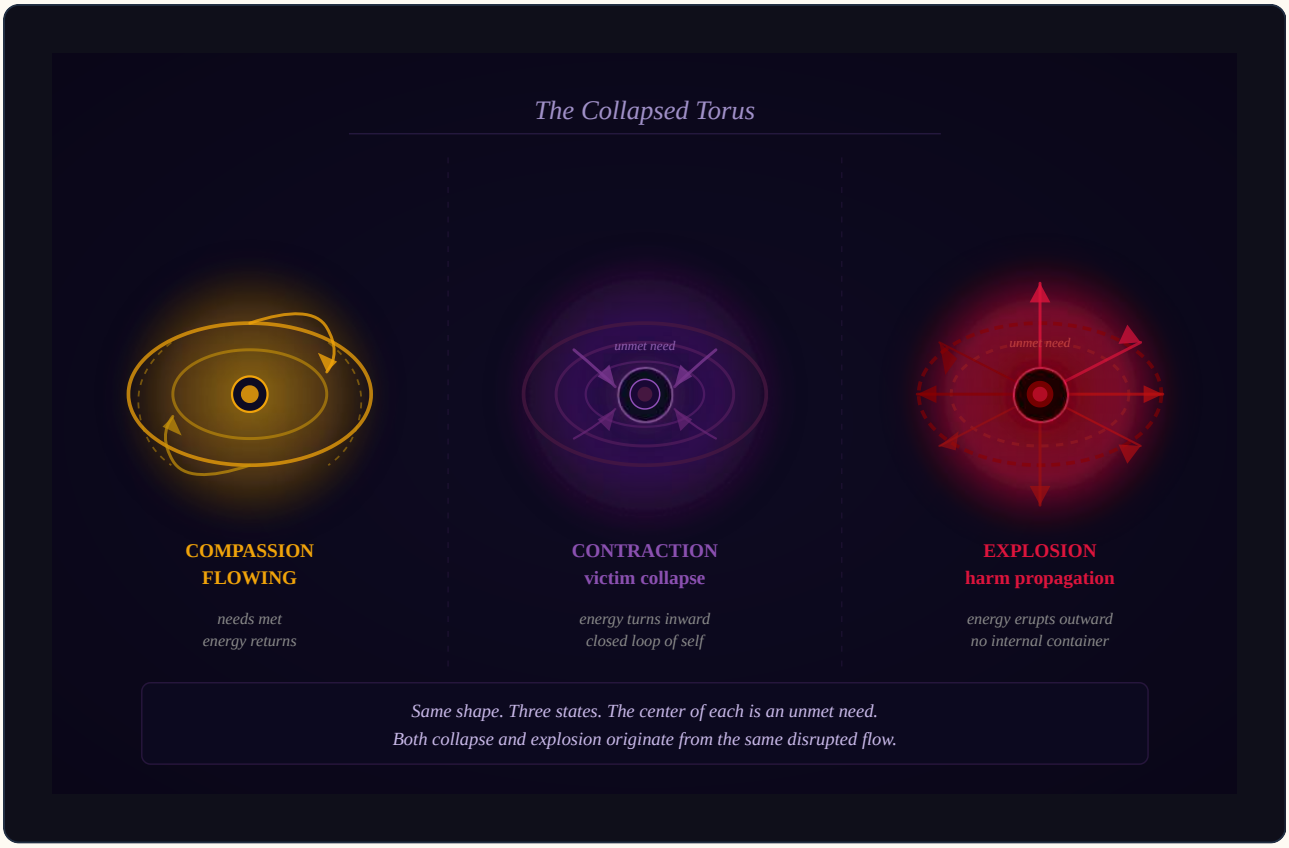
**The baseline of this axis is not neutrality — it is intention.** Pure intention, clear motivation, unobstructed awareness of others' experience: this is the zero-point of the scale, the ground state of human moral life. Everything extending from it on one side moves toward fuller inclusion; everything contracting past it on the other side moves toward greater exclusion. Both directions are expressions of the same underlying human capacity.

The implications are uncomfortable: the person causing harm and the person practicing compassion are not different species. They are the same species at different points on the same continuum. The distance between them is not a wall. It is a gradient — and gradients can be traversed. This is what makes the cycle interruptible. If harm were a fixed property of certain souls, there would be nothing to interrupt. Because it is a position on a continuum, there is always a direction to move.

## When Flow Breaks Down

When compassionate energy flows cleanly through a person, a family, a community, or a culture, it moves like a torus: outward from the center, circling back, sustaining itself. Care flows out, connection is made, it returns enriched. This is what a healthy relationship system looks like — generosity that does not deplete, receiving that does not hoard, grief that moves through rather than accumulating.

When that flow is disrupted — by trauma, by deprivation, by structural violence, by the simple accumulation of unwitnessed pain — it collapses in one of two directions.




*Three torus states — healthy flow, inward collapse, and outward explosion — each centered on an unmet need.*

**Inward collapse:** The energy turns back on itself. The person becomes a closed loop of self-reference. Their care has contracted so completely that it cannot reach outward. This is the phenomenology of victimhood at its deepest: not the experience of harm, which is real and legiti-

mate, but the state in which harm has so thoroughly occupied the interior landscape that no energy is available for anything else. Collapse is not weakness. It is a physiological response to overwhelming threat that has been sustained past the point of return.

**Outward explosion:** The energy has no internal container. The person cannot hold their own pain, so it erupts. Rage, domination, control, violence — these are not expressions of power. They are expressions of a system that has lost the capacity to regulate itself internally and is attempting to manage its internal state through external force. The harm-doer is not more powerful than the person they are harming. They are, in a crucial sense, **more out of control — more at the mercy of their own dysregulation.**

Both collapse and explosion come from the same root: a disruption in the flow of unmet needs that has exceeded the person's or system's capacity to process it. This framing avoids moral relativism — it does not equate the experiences of harm-doers and their victims, which are profoundly different — while also avoiding demonization, which stops inquiry at the point where explanation is most needed.

The toroidal economy described elsewhere in this series is what a system looks like when this flow has been restored at scale. But the restoration always begins at the individual level — in one person's body, one person's nervous system, one decision to allow the frozen energy to move.

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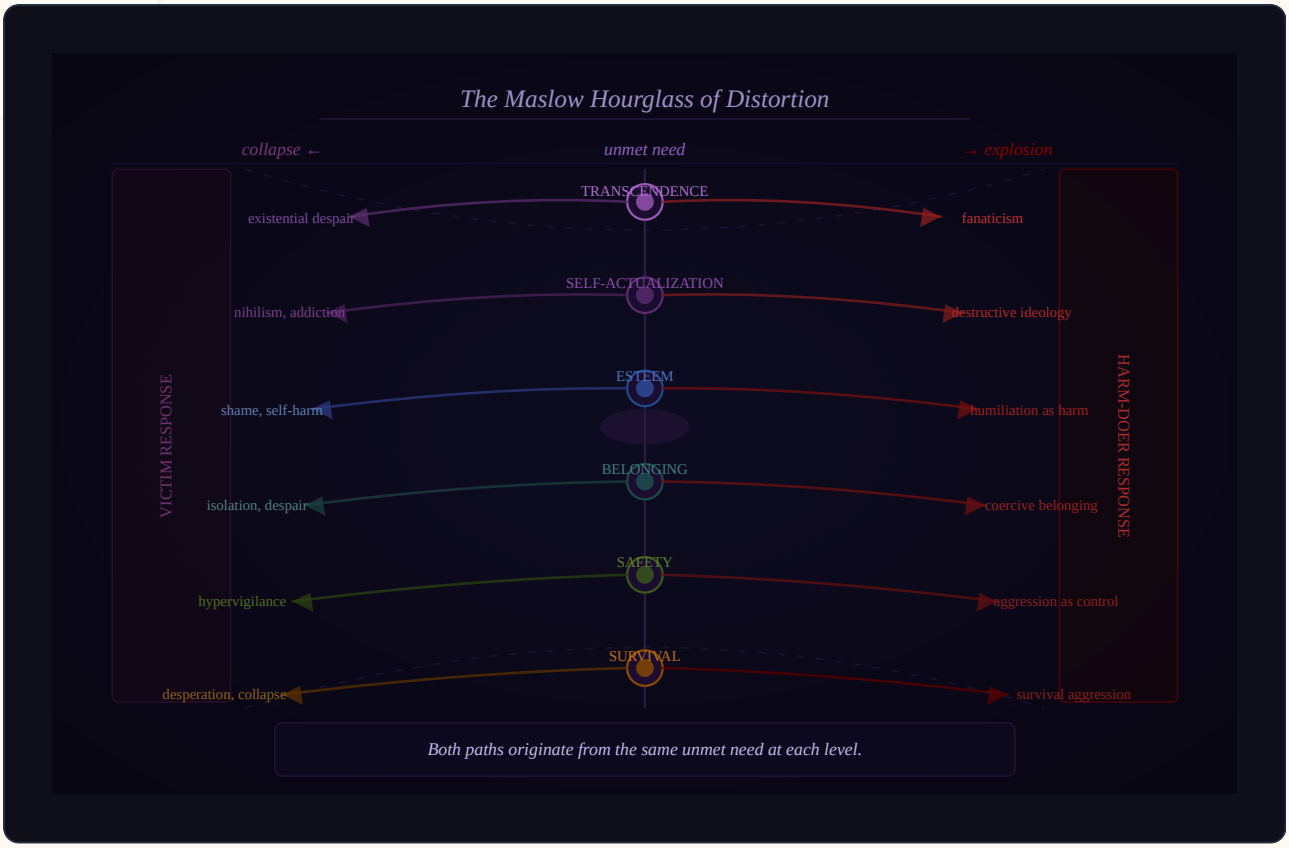
## The Maslow Hourglass of Distortion

Abraham Maslow's 1943 hierarchy of needs is one of the most widely cited frameworks in psychology — and one of the most frequently misunderstood. The common depiction, a pyramid with physiological needs at the base and self-actualization at the top, implies a moral ladder: the higher you climb, the more developed you are.

The more useful — and more clinically accurate — reading is as an *hourglass of distortion*: not a ladder to climb, but a map of what happens to human behavior when needs go unmet at each level. When each level of need is chronically unmet, it does not simply create a gap. It creates a distortion — a behavioral pattern that attempts to compensate for the deprivation, usually in ways that create further harm.

Victims and harm-doers often occupy *opposite ends of the same level's hourglass*: where one collapses inward, the other explodes outward. Both are responses to the same unmet need. Both are the cycle, expressed differently.




*The Maslow Hourglass showing collapse and explosion responses at each of six need levels.*

## Survival — When the Body Has Nothing Left

*Unmet:* Hunger, chronic physical exhaustion, shelter insecurity, medical neglect.

*Victim response (collapse):* Desperation, cognitive narrowing, physical deterioration. The body becomes entirely survival-focused; higher-order thinking, empathy, and moral reasoning all decline as the brain prioritizes immediate survival. A parent who cannot feed their children is not thinking about parenting strategies. They are thinking about food. The world shrinks to the diameter of the next meal.

*Harm-doer response (explosion):* Survival aggression. The person takes what they need, regardless of the cost to others. This is not evil. It is the nervous system in extremis — and it looks identical to cruelty from the outside. The person stealing food for their children and the person mugging a stranger on a dark street may both be operating from the same physiological state: a body that has concluded there is not enough, and that the only way to survive is to take.

## Safety — When Nowhere Feels Safe

*Unmet:* Chronic threat, unpredictability, violence in the home, community instability.

*Victim response (collapse):* Hypervigilance, anxiety, inability to access the social engagement system. The person lives in a constant state of threat-scanning, unable to trust, unable to rest. Their body is awake at three in the morning, listening for footsteps. Their body is awake at three in the morning years after they left the house where the footsteps mattered. The body does not update its threat model based on the calendar.

*Harm-doer response (explosion):* Aggression as threat management. If the world cannot be made safe, it will be made controllable. Intimidation, domination, and violence are all attempts to create predictability through force — to impose on the environment the stability that the environment never provided.

## Belonging — When Nobody Claims You

*Unmet:* Isolation, rejection, family dissolution, community exclusion.

*Victim response (collapse):* Social withdrawal, depression, collapse of self-concept. When belonging is absent, the self has no mirror in which to see itself as real. Identity fragments. The person stops reaching out — not because they don't want connection, but because every previous reach was met with air, or worse, with rejection. The hand learns not to extend.

*Harm-doer response (explosion):* Belonging through coercion. Gang affiliation, extremist ideology, cult dynamics, abusive relationships — these all offer a radical belonging that requires the sacrifice of self, and usually requires harm to outsiders as proof of membership. The harm-doer who joins an extremist group is not looking for violence. They are looking for a home. The article on reification examines how this need gets hijacked — how the mind, desperate for belonging, will attach itself to abstractions and defend them with the ferocity originally meant for defending family.

## Esteem — When Dignity Has Been Stolen

*Unmet:* Chronic humiliation, public shaming, degradation, the experience of being treated as worthless.

*Victim response (collapse):* Shame, internalized worthlessness, self-harm, eating disorders. The person becomes the source of their own diminishment — because the alternative, acknowledging what was done to them, requires a kind of witness they have not yet found.

*Harm-doer response (explosion):* Humiliation as harm. Psychologist James Gilligan — who spent decades interviewing men who had committed acts of extreme violence in Massachusetts prisons — found that the experience of profound humiliation was the single most common precipitating condition. **"I have never seen a major act of violence that was not provoked by the experience of feeling shamed and humiliated,"** Gilligan writes in *Violence* (1996), **"and that did not represent the attempt to undo this loss of respect."**

Sit with that for a moment. The most violent acts Gilligan encountered — murder, assault, torture — were not, in the perpetrators' inner experience, acts of power. They were acts of *restoration*. The person experiencing rage was attempting to recover a dignity they felt robbed of. The rage was not the disease. The stolen dignity was the disease. The rage was the symptom.

## Self-Actualization — When Growth Is Blocked

*Unmet:* Blocked potential, absence of meaningful work, creative stagnation, systemic exclusion from opportunity.

*Victim response (collapse):* Nihilism, addiction, the slow erosion of the self that comes from knowing what you could be and having no path toward it. This is the quiet desperation Thoreau described — and it is far more widespread than the dramatic forms of suffering that make the news. A person who has been systematically excluded from the means of developing their gifts does not simply miss out on satisfaction. They lose the narrative thread that makes effort feel meaningful.

*Harm-doer response (explosion):* Ideological absolutism, the substitution of a false narrative of superiority for the genuine actualization that was blocked. When a person's legitimate development has been thwarted, they may construct an identity built not on what they have built but on what they can tear down. The appeal of destructive ideologies is rarely that they offer something beautiful. It is that they offer certainty and significance to people who have been denied the ordinary pathways to both.

### Transcendence — When Meaning Itself Disappears

*Unmet:* Spiritual emptiness, absence of connection to something larger, alienation from beauty, mystery, and awe.

*Victim response (collapse):* Existential despair, the sense that nothing means anything, the loss of the capacity for wonder.

*Harm-doer response (explosion):* Fanaticism. The person who has lost access to genuine transcendence may seize on its counterfeit — an ideology of absolute conviction that offers the intoxicating experience of certainty, meaning, and cosmic significance, usually at the cost of everyone outside the group. Martyrdom, in this reading, is not faith. It is transcendence need met through destruction.

The five veils that the broader series describes are, in one reading, the layers of distortion that accumulate when these needs go chronically unmet — the material veil of scarcity thinking, the emotional veil of unprocessed grief, the mental veil of fixed beliefs, the relational veil of broken trust, the spiritual veil of forgotten connection. When the material veil is explored in the next article in the happy path, it examines what happens when the cycle of harm scales from individual bodies to entire systems — when the personal distortions mapped by the Hourglass become structural features of economies, governments, and cultures.

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## Trauma as the Engine

### The Four Responses That Run the Cycle

Pete Walker, in *Complex PTSD: From Surviving to Thriving* (2013), extended the classic fight-or-flight taxonomy to four modes, now widely adopted in trauma-informed clinical practice: **fight, flight, freeze, and fawn.**

**Fight** — anger as armor. The person in this response meets perceived threat with aggression: intimidation, dominance, the attempt to control the environment through force. In its chronic form, this is the harm-doer's primary mode — though the "enemy" is rarely the actual source of the original threat. The man who rages at his children for spilling milk is not angry about the milk. He is angry about something that happened before the children were born. The milk is the trigger. The ammunition was loaded decades ago.

**Flight** — movement as management. The person in this response escapes: physically, through addiction, through busyness, through hyperachievement. The anxiety driving the motion is never confronted, only temporarily outrun. The workaholic who cannot sit still is not ambitious. They are terrified of what they will feel if they stop moving.

**Freeze** — collapse as protection. The person in this response goes still, dissociates, numbs. The nervous system has concluded that neither fight nor flight is viable and has shut down non-essential functions. This is the most commonly mistaken for laziness, passivity, or lack of will — and one of the cruelest misreadings in our culture. The person who "can't get off the couch" may be in a dorsal vagal shutdown that is as involuntary as a seizure. Telling them to try harder is like telling a person in cardiac arrest to try pumping their own blood.

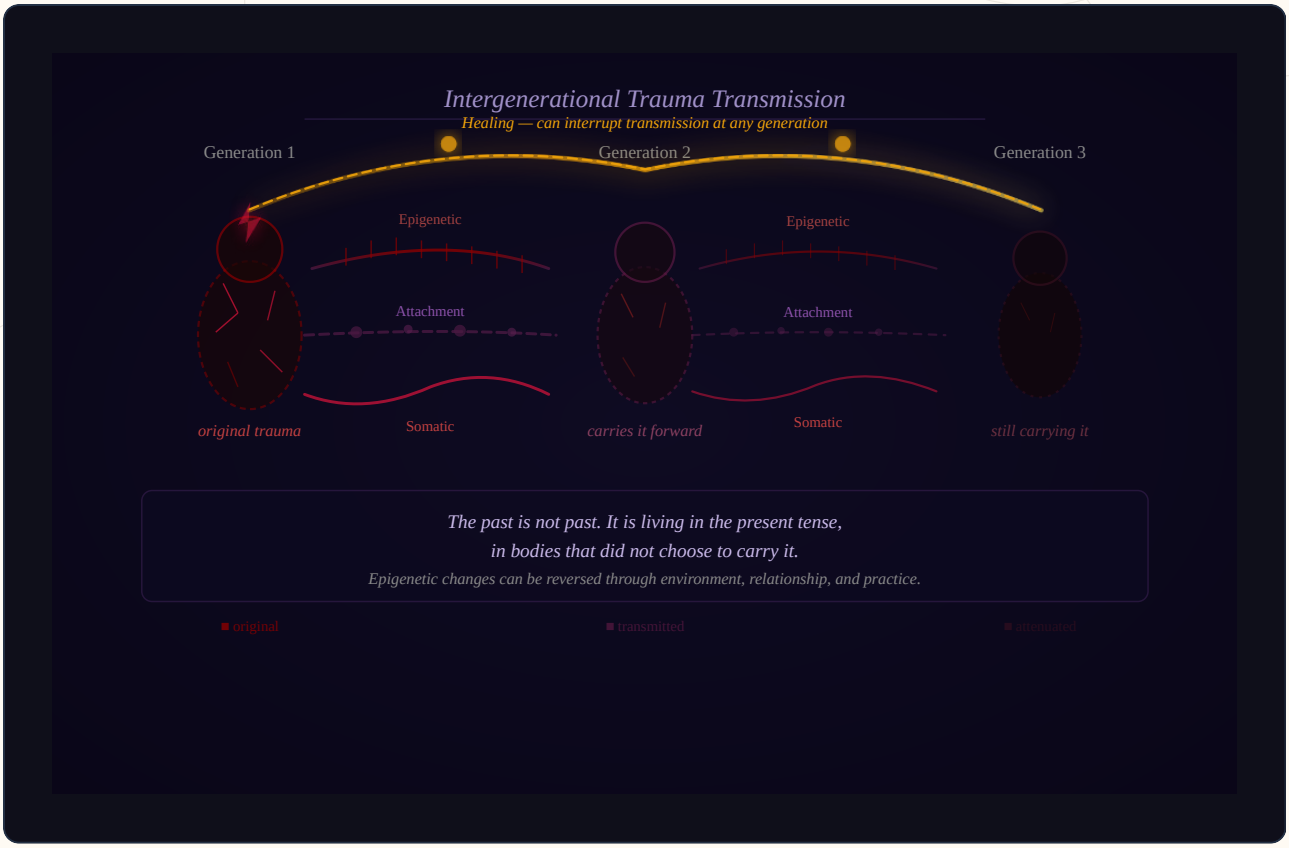
**Fawn** — appeasement as survival. Identified and named by Walker, this is the response pattern most commonly associated with childhood experiences of abuse in which the abuser was also the caregiver. The child learns that safety depends on keeping the powerful other satisfied — on self-erasure, on anticipating needs, on never allowing their own feelings to be a burden. In its chronic form, this is the architecture of codependency and enabling relationships. The person who cannot say no, who compulsively caretakes, who loses themselves in other people's needs — they are not generous. They are surviving. The generosity is real, but the freedom behind it is not.

None of these responses are moral failures. They are survival strategies — adaptive responses to conditions in which they were the best available option. The problem is that they are context-specific: they work in high-threat environments. In environments where the original threat is no longer present, they continue to operate anyway, because the body does not know the threat has ended. The response pattern fires based on pattern-matching, not based on calendar awareness.

This is why trauma-informed approaches are not soft on harm. They are more demanding than punishment-based approaches, because they require people to actually change the underlying patterns — not merely suffer for having expressed them.

## The Inheritance Runs Deeper Than Memory

One of the most disturbing findings in recent trauma research is that the effects of severe trauma may be transmitted across generations — not only through learned behavior and attachment disruption, but potentially through epigenetic mechanisms.




*Trauma transmission across three generations, with signal attenuation along the healing pathway.*

Research by Rachel Yehuda at Mount Sinai Hospital — initially with Holocaust survivors and their children, later extended to other populations — found that cortisol regulation and stress reactivity showed measurable differences across generations in families with a history of severe trauma. The children of Holocaust survivors had distinct hormonal profiles consistent with dysregulated stress response, even without direct trauma exposure themselves.

This is not a deterministic finding. Epigenetic changes can be reversed through environment, relationship, and practice. But it means that the inheritance of harm is deeper than we had imagined — that some of what appears to be individual character or choice is actually the physiological residue of what ancestors survived. Your great-grandmother's terror can show up in your cortisol levels. Your grandfather's ungrieved losses can show up in your attachment patterns. The past is not past. It is living in the present tense, in bodies that did not choose to carry it.

## Grandmother's Hands

Resmaa Menakem, a therapist and trauma specialist working in Minneapolis, took this research one step further — into territory that most trauma literature avoids.

In *My Grandmother's Hands* (2017), Menakem argues that racialized trauma in America is not only historical and structural but *somatic* — stored in the bodies of Black Americans, white Americans, and police officers alike, across generations, through mechanisms that precede conscious thought. The enslaved person's terror. The slaveholder's need to dehumanize in order to function. The enforcer's trained vigilance. These are not just social roles. They are body states — patterns laid down in nervous systems over centuries and transmitted through families, communities, and institutions.

Menakem's framework is uncomfortable because it refuses the usual exits. It does not allow white Americans to locate racism only in explicit beliefs (which can be intellectually corrected) or only in institutions (which can be reformed at arm's length). It insists that the trauma of racialized violence lives in *all* American bodies — differently, with profoundly different consequences, but somatically present in everyone. The white body that tenses when a Black man enters an elevator is not thinking a racist thought. The body is firing a pattern that was inherited, reinforced, and never metabolized.

This matters for the cycle of harm because it reveals that the transmission is not always parent-to-child. It can be culture-to-body. The nervous system absorbs the emotional weather of its environment and treats it as truth. A Black child growing up in a neighborhood shaped by redlining, disinvestment, and overpolicing does not need to be personally assaulted to carry the somatic signature of generational threat. The threat is ambient. It is in the air. And the body reads the air.

Menakem's most radical contribution is his insistence that healing this somatic inheritance is not primarily cognitive work. You cannot think your way out of a body pattern. The body that carries racialized trauma — in any direction — needs body-level practices to metabolize it: rocking, humming, breathing, rhythmic movement, the slow work of teaching the nervous system that the present moment is different from the pattern it inherited. This is not therapy in the conventional sense. It is closer to what Gabor Mate describes as a return to the body that was abandoned during the original overwhelm — and it must happen in the body, not in the mind that learned to dissociate from it.

The grandmother's hands that Menakem writes about are literal. The hands that held the child, that fed the family, that gripped the steering wheel a little tighter when a police car appeared in the rearview mirror — those hands carry information. The tension in them is not metaphorical. It is measurable. And it passes, through touch and proximity and the thousand daily micro-communications of family life, into the bodies of the next generation.

When we talk about breaking the cycle, we must talk about this. The cycle is not only personal. It is collective. It is written into bodies by systems, and it will not be fully interrupted until the systems that inscribe it are themselves transformed. The companion articles — You Didn't Start This and Hurt People Hurt People — explore what this means for individuals on either side of the cycle. But the systemic dimension opens the door to the next article in the happy path: The Material Veil, which examines what happens when the conditions that produce the cycle become features of the economy itself.

> *Whatsoever a man soweth, that shall he also reap.*
>
> *— Galatians 6:7 (KJV)*

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# The Shame That Feeds the Fire

## Shame Is Not Accountability

There is a moment in the cycle that often goes unnamed — a hinge point where the possibility of interruption is highest, and where our culture most reliably makes the wrong choice.

It is the moment after harm has been caused and before the next action is taken.

In that moment, two things can happen. The person who caused harm can experience *guilt* — the recognition that they did something wrong, something that hurt another person, something they wish they had done differently. Or they can experience *shame* — the conclusion that *they themselves* are wrong, defective, broken at the core.

The difference is everything.

Brene Brown's research — surveying thousands of people over more than a decade at the University of Houston — found that guilt consistently correlates with motivation to repair, while shame consistently correlates with increased likelihood of destructive behavior. **"Shame corrodes the very part of us that believes we are capable of change,"** Brown writes in *Daring Greatly* (2012). The person in shame does not think: *I need to fix what I did.* They think: *I am what is broken. And broken things cannot be fixed.*

Shame is a closed loop. It points inward, collapses there, and produces one of two outcomes: the person either implodes (self-harm, withdrawal, substance use) or explodes (doubling down, blaming the victim, escalating the violence). Neither outcome interrupts the cycle. Both feed it.

Guilt, by contrast, is an open circuit. It points outward — toward the person who was harmed, toward the relationship that was damaged, toward the repair that might be possible. It requires the capacity to hold two truths simultaneously: *I did something harmful* and *I am capable of doing something different.* That combination is psychologically demanding. It requires internal stability. And internal stability is precisely what shame destroys.

This is why our culture's default response to harm — shame the person who did it, publicly if possible, severely if available — is not merely ineffective. It is counterproductive. The punishment model, insofar as it produces shame rather than guilt, actively generates the conditions for more harm. The person exits the punishment with the same underlying pain, the same unmet needs, the same traumatic patterning — plus the additional weight of shame, further social isolation, and often material disadvantage. They are now more contracted, not less. More likely to harm, not less.

## The Prison Chaplain Who Listened

In a state correctional facility in the American South, a chaplain named David — not his real name, but a real person — spent twenty-three years sitting with men who had committed acts of serious violence. Murder. Assault. Armed robbery. Sexual violence. The kinds of acts that provoke, in most people, the immediate classification: *monster.*

What David came to say, after twenty-three years, was this: "I have never met a monster. I have met hundreds of men whose pain was so large it crushed everything around it. But I have never met one who did not, somewhere inside, know exactly what they had taken from someone else."

He described the moment that mattered most — the moment when a man would stop performing toughness and allow himself to be seen. It never happened through confrontation. It never happened through lectures about right and wrong. It always happened through *witness* — through the

sustained, non-judgmental presence of someone who could hold the full picture: the harm the man had caused *and* the harm that had been done to him, simultaneously, without collapsing either into an excuse or a verdict.

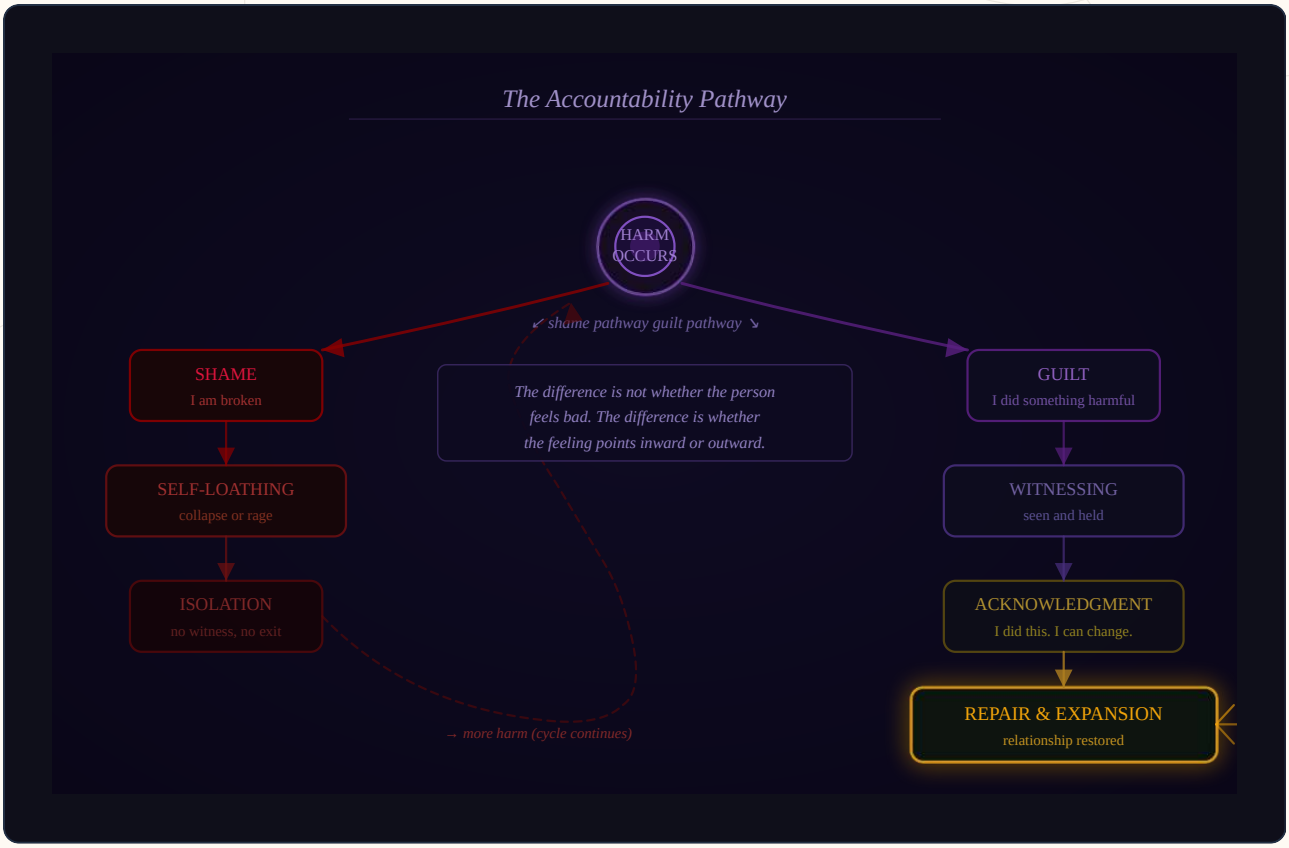
"The ones who change," David said, "are the ones who can feel the guilt without drowning in the shame. That is the narrowest passage in the world. Most of them need someone standing next to them while they walk through it."

This is what restorative justice looks like in practice. Not permissiveness. Not soft sentimentality. The hardest thing a person can be asked to do: face the full weight of what their actions cost another human being, without the escape hatch of shame, without the armor of denial, without the collapse into self-pity. Just the bare, undecorated truth: *I did this. It hurt someone. And I am still here, still capable of a different choice.*

Howard Zehr, Mark Umbreit, and others in the restorative justice movement have built frameworks for exactly this process. In the restorative model, accountability is relational: the person who caused harm acknowledges what happened, hears directly from those affected, and participates in determining what repair looks like. The question shifts from *how much should this person suffer?* to *what needs to happen to repair what was broken?*

The evidence base is now substantial. A 2019 systematic review published in *Criminology & Public Policy* found that restorative justice processes were associated with significantly higher satisfaction among crime victims, reduced post-traumatic stress symptoms among survivors, and lower recidivism rates among those who caused harm — compared to traditional court processes.

The mechanism is not mysterious: **when a person who caused harm is treated as someone capable of understanding the impact of their actions and choosing repair, they frequently are.** The capacity was there. What was missing was the relational context in which it could operate.




*Shame and guilt as two loops — one closing inward on itself, one opening outward toward repair.*

## Compassion Is Not Permissiveness

This must be stated directly, because it is frequently misunderstood.

Compassion toward someone who has caused harm is not an endorsement of the harm. It does not mean minimizing the impact. It does not mean foregoing consequences. It does not mean asking survivors to forgive before they are ready — or ever, if they choose not to.

Compassion means seeing the full human being: the person who caused harm *and* the pain that was driving them. Holding both simultaneously. Not because it makes the harm acceptable, but because **seeing the full picture is the only thing that allows for an actual intervention** — as opposed to a performance of justice that satisfies the desire for vengeance while leaving the cycle intact.

Limits and consequences are part of compassion in action. A person who is protected from the consequences of their actions is not being treated with compassion; they are being protected from the feedback that makes growth possible. Boundaries protect everyone: survivors need

safety and validation; harm-doers need clear limits and consequences; communities need protection. Compassion holds all three needs at once.

For a fuller exploration of the self-accountability dimension — what it means to face your own participation in the cycle without either collapse or denial — see Hurt People Hurt People. For what it means to hold harm that was done to you without making it your permanent identity, see You Didn't Start This.

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# The System, Not Just the Individual

## The Structural Conditions That Produce Harm

There is a temptation, even within frameworks that acknowledge the role of trauma, to locate the problem ultimately in individuals — in their choices, their histories, their capacity for change. This is a form of the same binary we started with, dressed in therapeutic language.

The research on what sociologists Richard Wilkinson and Kate Pickett call the "social gradient" of harm — documented exhaustively in *The Spirit Level* (2009) — tells a different story. Across 23 wealthy nations, virtually every indicator of social harm — violence, mental illness, addiction, incarceration, infant mortality, educational failure — correlates not with absolute poverty but with *inequality*: the size of the gap between top and bottom within a society.

Nations with higher income inequality show dramatically worse outcomes on every social health measure, while nations with lower inequality — regardless of their absolute wealth — show dramatically better outcomes. This pattern holds even when controlling for cultural, genetic, and historical factors. The conclusion is structural: **the conditions that produce harm are, in significant measure, the conditions of social inequality itself** — the experience of low status, chronic stress, social comparison, and exclusion that inequality generates throughout the population.

This does not remove individual agency. It locates it accurately. The individual is not a free-floating will making choices in a vacuum. They are a biological and psychological system embedded in a social environment that either supports or undermines the capacities they need to make different choices.

The systemic conditions that reliably produce cycles of harm when they are absent include:

**Mental health support.** The majority of people who cause harm have mental health needs that were unmet, often for years, before the harm occurred. The U.S. Department of Justice estimates that more than half of all incarcerated individuals have a diagnosable mental health condition. Without accessible, destigmatized mental health support, many people have no pathway to the underlying pain except through behaviors that harm others.

**Economic security.** The ACE study's effects are dramatically amplified by poverty. Food insecurity, housing instability, and the chronic stress of material deprivation push nervous systems toward survival mode and away from the social engagement capacity that enables prosocial behavior. Policies that reduce material insecurity reduce harm — not because poverty causes harm directly, but because it removes the buffer that allows people to tolerate difficulty without dysregulation.

**Community connection.** Social isolation is among the most reliable predictors of both depression and violence. Robert Putnam's longitudinal research in *Bowling Alone* (2000) documented the dramatic decline in social connection in American life over the latter half of the 20th century, and its correlation with declining civic health. Rebuilding conditions for genuine community — not virtual communities but embodied, local, relational belonging — is structural harm prevention. The person who has three people they can call at 2 a.m. is dramatically less likely to harm themselves or others than the person who has none. Connection is not a luxury. It is infrastructure.

**Accessible education.** Not only formal schooling — though that matters — but the education of the emotional self. A culture that teaches children mathematics and literature but not emotional regulation, conflict resolution, or the recognition of their own inner states is a culture that has equipped them for half of life and left them defenseless in the other half. The cycle of harm propagates in the gap between what we teach and what we leave untaught.

The article on the material veil explores these structural dimensions in depth — what happens when the cycle of harm becomes embedded in economic systems, when scarcity is manufactured rather than natural, when the hourglass distortions we mapped at the individual level become features of entire societies. And When Frozen Thinking Turns Cruel examines the extreme case — what happens when the mental structures that maintain the cycle become so rigid that they produce atrocity.

None of this excuses individual harm. All of it explains why addressing harm only at the individual level will never be sufficient. You can help one person change. But if the system that shaped them remains unchanged, it will shape the next person the same way.

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# The Witness Who Does Not Flinch

## Frankl's Last Freedom

The single most powerful interrupter of the cycle of harm is the capacity to *observe* the contracted self in real time — not after the fact, as narrative, but in the moment of contraction.

Viktor Frankl, writing from the concentration camps of Auschwitz and Dachau in *Man's Search for Meaning* (1946), described what he called the "last human freedom": the capacity to choose one's response between stimulus and response. In the most extreme conditions of human suffering he could document, he observed that this space — however narrow — remained accessible.

**The contracted self fires automatically. The witness can sometimes pause it.** And in that pause, a different choice becomes possible.

This is not a statement about willpower. It is a statement about practice. The witness capacity is trainable — through meditation, through therapy, through somatic practice, through any discipline that develops the ability to be present to one's own experience rather than swept away by it. This is, in fact, the core function of most contemplative traditions: not to produce good feelings, but to develop the observational capacity that makes conscious choice possible.

Think of it this way. The contracted self operates like a reflex arc — stimulus in, response out, no gap between them. The witness introduces a gap. It is the capacity to feel the anger rising and not yet act on it. To feel the shame flooding in and not yet collapse. To feel the old pattern activating — the flinch, the rage, the numbness, the desperate urge to appease — and to name it before it names you. "There it is again. The old pattern. I can feel it in my chest, my jaw, my fists. It is here. And I am here, too. And I am not only this."

That "not only this" is the gap Frankl described. It is tiny. In the beginning, it is barely perceptible — a fraction of a second between the trigger and the response, a whisper of awareness in the middle of the storm. But it is enough. It is the crack through which a different future enters.

The compassion lineage that runs through the heart of this series is, in one reading, the lineage of people who found this gap and widened it — through practice, through community, through the stubborn refusal to believe that the automatic response was the only one available. The gap does not require enlightenment. It requires repetition. You practice noticing. You practice pausing. You

practice the small, undramatic act of not transmitting what was transmitted to you. And over time — not instantly, not dramatically, but durably — the gap widens. The witness strengthens. The cycle thins.

The Dalai Lama's framing is the one that cuts through the noise. Compassion, he has said repeatedly, is not primarily an ethical obligation. It is intelligent self-interest. "If you want others to be happy, practice compassion. If you want to be *yourself* to be happy, practice compassion." The narrow self — the self defined by its separation from others, its urgent needs, its defensive perimeter — is not made happy by getting what it wants. It remains contracted, anxious, and vigilant regardless of what it accumulates. The wider self — the self that includes others in its circle of care — experiences a qualitatively different kind of ease. Not because it has given up its interests, but because its interests now include the flourishing of others.

Neuroscience confirms this. Research by Sarina Saturn at Oregon State University found that activation of the vagal nerve — the primary channel of Porges's social engagement system — is associated with feelings of warmth, openness, and connection. It also produces measurable reductions in inflammatory markers, improved immune function, and lower cortisol levels. **The body benefits from compassion at the level of basic physiology.** The nervous system that has learned to care is a healthier nervous system — not metaphorically, but biochemically.

## Self-Compassion as Mechanism

For survivors: compassion toward the self — the radical act of treating oneself with the same warmth one would offer a struggling friend — is not indulgence. It is the mechanism by which the contracted self begins to expand again.

Kristin Neff's research at the University of Texas at Austin consistently finds that self-compassion predicts resilience, motivation, and prosocial behavior more reliably than self-esteem. People who can hold their own pain with warmth recover faster, re-engage sooner, and are more capable of genuine care for others. Self-compassion is not soft. It is structurally necessary. It is the foundation on which the expansion from *compassion of one* back toward *compassion of many* actually rests.

For those who have caused harm: compassion toward the self — specifically the part of the self that is in pain, that was in pain when the harm occurred — is not an escape from accountability. It is the only psychological state stable enough to actually look at what happened. Shame collapses

under its own weight. Guilt-without-compassion becomes self-punishment, which is still a closed loop of self-reference. Only the person who can see themselves with a degree of warmth has the internal stability to face, without flinching, what their actions cost another person.

## The Dual Compassion Challenge

And here is where the article arrives at its most demanding ask.

The cycle of harm does not end with compassion extended in one direction only. It does not end with compassion only for victims (which is instinctive and culturally supported). It does not end with compassion only for harm-doers (which is counterintuitive and culturally resisted). It ends — when it ends — with the capacity to hold compassion in both directions simultaneously.

This is not a sentimental claim. It is a structural one. The cycle runs on contraction — on the narrowing of care to exclude. Every exclusion feeds it. Every expansion starves it. The person who can hold compassion for the harmed *and* for the conditions that produced the harming — without collapsing the distinction between them, without minimizing the impact, without giving up on accountability — is practicing the only thing that has ever actually interrupted the cycle at its root.

This is what The Spectrum of Compassion maps in full — the entire range from contraction to opening, with all its gradients, its risks, its practices, and its rewards. What this article adds is the specific claim: the dual direction is not optional. It is the mechanism. Compassion in only one direction is an improvement over contraction. Compassion in both directions is what actually ends the loop.

The hidden wisdom traditions that inform this series have always known this. The oneness that the broader series describes as the ultimate technology is, in this context, not a mystical abstraction but a practical recognition: if we are, at the deepest level, not separate beings but expressions of a single awareness, then harming another is, quite literally, harming oneself. The five radical realizations include the recognition that separation itself is the root illusion. The sacred joke at the end of the happy path is the discovery that the harm-doer and the harmed were never, at the deepest level, separate beings.

But you do not need to accept a metaphysical claim to accept the practical one: extending care in both directions works better than extending it in one. The data supports this. The contemplative traditions support this. And the lived experience of every person who has actually walked out of the cycle confirms it.

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# Where This Lands in Your Body

*These are not prescriptions. They are invitations — offered in the spirit of self-inquiry, not self-judgment.*

## If You Have Been Harmed

**Name what happened, out loud, to someone safe.** Trauma is pre-linguistic — it lives in the body as sensation, not as narrative. The act of witnessing it — of giving it words, of having another person hear those words and reflect them back without judgment — is not merely cathartic. It is neurologically integrative. It moves the experience from the body's survival archive into a narrative that the thinking brain can begin to process.

**Ask: what am I still carrying that was never mine to carry?** The pain that was inflicted on you was not your creation. The shame that may have attached to it — the sense that what happened reflects something about your worth — is not true. Separating the experience (which was real) from the verdict (which was imposed) is gradual, iterative work. It is not a single act of decision.

**Resist the permanent settlement.** The narrative that the person who harmed you is simply evil — while understandable, while protective — is ultimately a closed system. It makes your healing contingent on their unchanging wrongness. You do not owe them compassion. But keeping the door open — holding the possibility that they were also a person in pain, however unacceptably they expressed it — keeps the door open for your own expansion too.

## If You Have Caused Harm

**Distinguish guilt from shame.** Guilt says: *I did something harmful.* Shame says: *I am harmful.* The first is information about a behavior; the second is a verdict about a self. Act from guilt — it is factually accurate and motivates repair. Resist shame — it is cognitively distorted and motivates either collapse or doubling down.

**Ask: what was I actually needing when I caused harm?** Not as an excuse. As an inquiry. The harm did not come from nowhere. It came from a contracted self that was in pain and had no other resource. Understanding what that need was — and finding legitimate pathways to meet it — is the actual work of not repeating the pattern.

**Make repair, when it is wanted.** Not in the way that is comfortable for you, but in the way that is meaningful to the person who was harmed. This may not be possible — sometimes survivors do not want contact, and that boundary is not negotiable. But where repair is possible and welcomed, it is worth the discomfort. Not because it erases what happened, but because it is the act of a person who has chosen to be larger than the contracted self that caused the harm.

**Understand that radical self-accountability is liberation, not punishment.** This is perhaps the most counterintuitive truth in the entire cycle: the person who fully owns what they did — without excuse, without deflection, without the softening of "but I was hurt too" — is freer than the person who cannot. Ownership is not a burden. It is the doorway out of the closed loop. As long as the harm is someone else's fault, or the world's fault, or the past's fault, the person who caused it remains a passenger in their own life — acted upon by forces they cannot control. The moment they say "I did this, and I can do something different" — that moment, however painful, is the first moment of genuine agency they may have experienced in years. Self-accountability is not the opposite of self-compassion. It is what self-compassion makes possible.

The Maslow Compass can help you map which needs are currently unmet — which dimensions of your inner landscape are in deprivation, which are stable, and where the growth edges are. It is self-inquiry as preventive care: the more clearly you can see your own unmet needs, the less likely they are to express themselves through harm.

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## It Can End With You

We began with two people.

One causing harm right now, somewhere, driven by pain they may not even have language for. One absorbing harm right now, somewhere, their body cataloguing what their mind cannot yet process.

Neither of them chose this in the way the word "choice" usually implies. Both are expressions of a system under stress — a system that formed in conditions that made the cycle the most available response. And both of them have access, right now, to the same fundamental capacity: the ability to witness what is actually happening inside them, and from that witnessing, to choose a slightly different response.

There is a third person, too. There is always a third person. The one who sees both — the one who holds the harmed and the harming in the same field of awareness without collapsing either into an excuse or a verdict. That third person might be a therapist, a chaplain, a community elder, a friend who can sit with difficult truth. Or it might be you — the reader who has followed this article to its end and who now carries, whether you asked for it or not, a slightly more complete picture of how the cycle works.

That picture is not comfortable. It is not supposed to be comfortable. But it is useful. And useful is what matters.

This is not heroic. It is ordinary, difficult, incremental work. The kind that happens in therapists' offices and community circles and quiet moments of honest self-reflection. The kind that does not produce dramatic transformations but produces something more durable: a small expansion of the contracted self, maintained over time, that eventually becomes a life oriented outward rather than inward.

The cycle of harm runs on the fuel of unmet needs and the absence of alternatives. Remove the conditions that block human needs, provide genuine alternatives for their expression, and develop in yourself the witness capacity that can pause the automatic transmission — and the cycle begins to thin.

This is not naive. It is the conclusion the research points toward, from epidemiology to neuroscience to restorative justice to contemplative practice.

The cycle is real. It is durable. And it can end.

It can end with you.

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**Continue the path:** The Material Veil — what happens when the cycle scales from individual bodies to entire systems.

**Go deeper:** The Golden Rule | Spectrum of Compassion | 108 Framework | You Didn't Start This | Hurt People Hurt People

**Explore:** Maslow Hourglass of Being | Toroidal Economy | Reification | Five Veils | Compassion Lineage

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# Invitation

You did not ask for the cycle. Nobody does. It arrived through a body, through a family, through a culture, through systems so large that no single person can see all their edges.

But you are reading this, and that means something. It means the automatic transmission paused — just for a moment, just long enough for awareness to enter. That moment is not small. It is the moment the cycle depends on never happening.

You do not need to fix the entire system today. You do not need to forgive anyone you are not ready to forgive. You do not need to understand every mechanism or cite every study.

You need only this: the willingness to ask, honestly, what you are carrying that was never yours — and what you have passed on that did not need to travel further. The willingness to sit with the answer without collapsing into shame or rising into defense. The willingness to let the contraction soften by one degree.

One degree. That is enough. The cycle is not ended by heroes. It is ended by ordinary people who found, in one quiet moment, that they could hold the pain without transmitting it. That the flinch did not have to become the fist. That the wound did not have to become the weapon.

It can end with you.

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# People Also Ask

**Is understanding the cycle of harm the same as excusing the harm?**

No — and this distinction matters enormously. An explanation identifies the mechanism that produced an outcome; an excuse argues that the mechanism absolves the agent of responsibility. Understanding that harm is almost always driven by unmet needs and trauma does not remove the fact that harm was caused, that consequences exist, that repair is required. It changes how we approach accountability — toward what actually works — without changing the fact that accountability is necessary. The ACE study does not excuse violence; it tells us where to intervene so that violence does not form in the first place.

**What is the difference between shame and guilt, and why does it matter for breaking the cycle?**

Guilt says "I did something harmful" — it is information about a behavior. Shame says "I am harmful" — it is a verdict about a self. Brene Brown's research consistently finds that guilt motivates repair while shame motivates either collapse or escalation. The punishment model, insofar as it produces shame rather than guilt, is counterproductive to the outcomes it claims to seek. Breaking the cycle requires helping people move from shame to guilt — from "I am broken" to "I did something I can take responsibility for."

**Does this framework apply to people who cause harm repeatedly without remorse?**

The absence of visible remorse does not mean the absence of a mechanism. Chronic harm-causing behavior often indicates deeper dysregulation — more entrenched trauma patterns, more complete contraction — rather than the absence of inner conflict. This does not make the behavior acceptable or mean consequences should be deferred. It means the intervention needs to be deeper: more sustained, more structurally supportive, more attuned to the underlying need. Restorative justice research finds that even among people who initially show no remorse, sustained relational engagement can produce genuine accountability over time.

**What is intergenerational trauma, and how does it transmit?**

Intergenerational trauma transmits through at least three channels: behavioral (learned patterns of relating, parenting, and coping), attachment (disrupted bonding that produces insecure attachment in the next generation), and epigenetic (measurable changes in gene expression — particularly stress-response genes — that appear in the children and grandchildren of severely traumatized populations). Rachel Yehuda's research with Holocaust survivors demonstrated the epigenetic channel. Resmaa Menakem's work on racialized trauma shows how cultural and somatic channels operate at the collective level. None of these channels are deterministic — they can be interrupted through relationship, practice, and structural change.

**Does compassion mean I have to reconcile with the person who hurt me?**

No. Compassion and reconciliation are distinct. Compassion is an internal orientation — a way of holding the full picture of what happened, including the humanity of the person who caused harm, even while maintaining firm limits about contact. Reconciliation is a relational act requiring the willing participation of both parties and is only appropriate when conditions for safety and genuine repair have been established. Many survivors are never in a position where reconciliation is appropriate, and compassion does not require that they be.

**How does inequality contribute to the cycle of harm?**

Research by Wilkinson and Pickett across 23 wealthy nations found that virtually every indicator of social harm — violence, mental illness, addiction, incarceration — correlates not with absolute poverty but with inequality: the size of the gap between top and bottom within a society. Inequality generates chronic stress, social comparison, status anxiety, and exclusion that push nervous systems toward survival mode. Addressing the cycle at the individual level without addressing the structural conditions that produce it is like treating symptoms while leaving the disease in place.

**What is the single most important thing I can do to interrupt the cycle?**

Develop the capacity to witness your own inner states — to observe the contracted self in real time rather than simply inhabiting it. This is the core practice across virtually every tradition that addresses this question, from Buddhist meditation to somatic psychotherapy to polyvagal-informed practice. In its simplest form, it is the willingness to pause — to create, even briefly, a space between stimulus and response — and to ask, genuinely: *what am I actually feeling right now, and what am I actually needing?* That question, asked honestly and consistently, is the beginning of the end of the cycle.

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*A note on care: If this article has surfaced your own experience of harm — caused or received — please know that support is available. This article is not therapy and is not a substitute for professional support. If you are in immediate danger, please contact emergency services. For mental health support, the 988 Suicide and Crisis Lifeline is available 24/7 by dialing or texting 988.*

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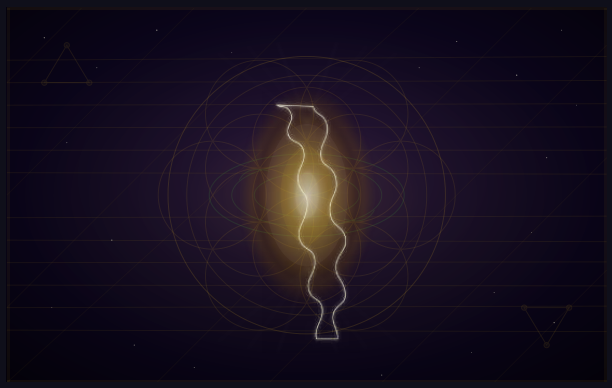

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